the above sentence of a precept in that standard obstetrical work "Aristotle's Compleat and Experienc'd Midwife,"[1] which directs that if a pregnant woman "happens to long for anything which she cann't obtain, let her presently drink a large Draught of pure cold Water."

We might cull from Mr. James's pages many other maxims of undoubted wisdom—such as that patients who are too ill to rise, should by all means remain in bed—but we hasten on to the treatment of "cases of emergency, . . . from chloroform." This consists in (1) "raising the head of the table or bed a few degrees . . . by placing hassocks, pillows, or other suitable materials at hand," (2) in ejecting "all useless persons" from the apartment, (3) keeping the air in motion "by pumping the room by the door or by fans, and opening every door or window, (4) sprinkling Sir W. Burnett's solution[2] upon fans which are then made to "play around the patient's head," (5) briskly rubbing the chest and stomach with a rough towel wetted with a mixture of vinegar and salt, and then applying a large piece of hot flannel, and (6) the application of "the boiling water blister." We must confess that were we in danger of death from chloroform, we should prefer to stake our chances upon *artificial respiration* (which is here not even alluded to), than upon either chloride of zinc whisked about our head, or upon the "boiling water blister" to any less noble part of the person.

Mr. James's second "tractate" is upon "paracentesis of the bladder above the pubes," an operation which, he thinks, deserves more attention than it has generally received. Eight cases are narrated, in seven of which this operation was performed, in the eighth the puncture having been made through the rectum. Mr. James complains, and with some reason, of the discordant and often obscure directions given by surgical writers as to the best mode of tapping the bladder above the pubes, and yet the instructions which he himself gives, seem to us not much clearer than those with which he finds fault; thus with regard to the direction in which the trocar should be thrust, he tells us that in dealing with thickened and contracted bladders "it would seem probable that a horizontal direction, or nearly so, would give the best chance of entering the cavity," forgetting that though the *horizontal* direction might be proper enough while the long axis of the patient's body was in a *vertical* plane, some other direction would have to be chosen were the patient in a recumbent or even semi-recumbent position. For distended bladders, but with normal walls, Mr. James recommends a slightly curved trocar, four or four and a half inches long, introduced about one inch above the pubes, and directed a little downwards. For bladders with greatly thickened walls he apparently prefers a straight trocar, five inches long, introduced as before mentioned in a "horizontal direction."

Upon one point we are glad to be able to indorse what Mr. James says, in the most unqualified manner;—and that is in the expression of the opinion that "the catheters of the present day do not present the most favourable curve." On the contrary, modern instrument-makers seem to vie with each other as to who shall make a catheter least easy of introduction. J. A., JR.

ART. XXXVIII.—*Variola: Causes, Nature, Prophylaxis, and Treatment. Report of the Committee appointed by the St. Louis Medical Society,* Jan. 15, 1870. By G. SPINZIG, M.D.

Conférence Médicale de Paris pour l'examen de la Question de la Vaccine. Cinquième Séance (22 Juin, 1870) *Procès-Verbal. Tribune Médicale,* 26 Juin, 1870.

THE positions assumed by Dr. Spinzig, the author of the report to the St. Louis Medical Society, are as follows: 1st. Variola is dependent upon general causes common to other diseases. 2d. The eruptive characteristics by which variola is recognized are transitory phenomena as necessitated (fixed) resultants of the operations of physical laws. 3d. No "specific" or "contagious" virtue can be ascribed to this disease, and "infection" is only accomplished by actual *inoculation* from its matter, which, however, is common to other decaying and putrid animal substance. 4th. Vaccination *is entirely devoid of "protective" power*, and *totally* an unwarrantable practice, as most serious and destructive consequences are thereby inflicted upon the human organism. 5th. Prophylaxis and amelioration of variola only rest on those sanitary measures that promote health.

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[1] Fourth edition, London, 1721, p. 30.

[2] A solution of chloride of zinc.

It will hardly be expected that we should inquire into the validity of the foregoing propositions, or attempt a refutation of the very futile efforts made by Dr. S. to give them even a character of plausibility. It will suffice to say that the conclusions of the writer are in conflict with the experience of the whole medical world, and, so far as regards his negation of the protective power of vaccination, he repudiates the positive results of tests put in execution, upon a most extended scale, in Europe and this country.

By the Medical Conference of Paris a very large amount of documentary and verbal information was collected, embracing the experience and convictions of the leading physicians of France and her dependencies. An analysis of this mass of testimony, according to M. Daly, to whom the analysis was intrusted, shows invariably the truth of the following leading positions, which, it will be perceived, are diametrically opposed to those laid down in the St. Louis Report, in reference to the same points of the questions it discusses: 1st. Variola attacks a large number of the non-vaccinated and many of the revaccinated persons who are exposed to its contagion or infection. 2d. Variola is incomparably more severe when it occurs in the non-vaccinated and non revaccinated than in others. 3d. When variola makes its appearance in any community, it is invariably prevented from spreading, and promptly extinguished, when immediate vaccination or revaccination of the *entire* population is practised.

From the testimony received by the Parisian Conference it appears that the proportion of the revaccinated liable to variolous infection is 2.33 per cent. It is extremely probable, to M. Daly very certain, that this small percentage of those liable to infection among the revaccinated, mostly of a less grave form of infection, would be sensibly reduced, were attention had to the question, whether the revaccination had not been practised at too remote or too recent a period, to render its protective agency certain, or whether, in fact, the revaccination had been at all effective.

The meteorological question bearing upon the occurrence of variola in an epidemic form has been carefully examined by M. Amédée Tardieu, who, while he does not contest the protection from smallpox afforded by vaccination in ordinary seasons, yet believes that such prophylaxis will often fail when the disease prevails epidemically. Yet, remarks M. Daly, the increased development of epidemic variola within late years, during which the meteorological conditions must have been necessarily various, proves that these conditions can have but very little, if anything, to do in causing variolous epidemics.

M. Gallard is of opinion that the protection from vaccination has become less effective from the practice which has prevailed for some years, of performing vaccination on infants a few days after birth. This opinion, says M. Daly, is worthy of a serious examination, inasmuch as it emanates from a learned and judicious mind, but it is simply an opinion—an assertion, as yet unproved. But, he adds, that which is not a mere opinion is, that the protective efficiency of the vaccine virus becomes, by constant use, deteriorated. Were this not the case, why should revaccination have become legitimately recognized? Why should we see infants of five years of age, who had been vaccinated a short time after their birth, attacked with smallpox? Or, again, why was recognized the necessity of resorting to the cow for a renewal of our stock of vaccine matter?

The facts collected by the Parisian Conference all point to the deterioration which vaccine matter experiences after it has passed for a series of years, through the human system, and to the consequent necessity of recurring at short intervals to the cow for a new supply. M. Gallard prefers a recourse to the matter produced in the sore heel (grease) of the horse. In this opinion M. Daly coincides, since, as he remarks, he read the important communication from M. Le Duc de Versailles, which appeared in the number of *La Tribune* of the 19th of June, 1870. D. F. C.

ART. XXXIX.—*Practical Anatomy; a Manual of Dissections.* By CHRISTOPHER HEATH. Edited, with Additions, by W. W. KEEN, M. D. First American from the Second English Edition. Philadelphia: H. C. Lea, 1870.

NUMEROUS as the published guides for dissectors have been, scarcely any seem to fulfil all the requirements of the student. Valuable anatomical information is often sacrificed to lengthy discussions on niceties of incisions and rules for delicate processes of disintegration of the cadaver; while occasionally the "Dissectors," as these works are familiarly called, are swollen into the ponderous dimensions of systematic treatises on descriptive anatomy. The work before us seems to have successfully aimed at a happy medium; it is full and yet concise, while its directions for the use of the knife are judiciously woven into the general mass of anatomical details. The additions made by the American editor bear the evidence of manipulation by an experienced anatomist, who is thoroughly alive to the needs of the student at the dissecting table. They are profuse, practical, and appropriate. Without alluding particularly to the multitude of minor corrections or additions bracketted, if we may so speak, on almost every page of the text, we may call especial attention to the editor's general remarks on hernia (p. 129), with the original diagram accompanying it, to the scheme and plan for studying the triangles of the neck (p. 334); the description of the action of some of the muscles of the lower extremity as ligaments (p. 185); the anatomy of the superior laryngeal nerve, according to Luschka; the description of the Y-shaped ligament of Bigelow (p. 209), etc. etc. Twenty entirely new and original cuts have been added in the American edition. Some of these diagrams will be extensively copied by anatomical teachers for class demonstrations. Dr. Keen has also made the action of some of the muscles more technically and absolutely clear, that for instance of the supinator radii longus (p. 75), whose supinating power is the weakest of all its actions. The rules for the best modes of studying certain parts of the body, the abdominal viscera, for example (p. 260), are also calculated to impress themselves vividly on the memory of the student. The most important change of construction of the text made by the editor has been in placing, for convenience of dissection, the perinæum, abdominal wall, and hernia in close proximity to the leg. The directions for the dissection of the eye have been rewritten by him, and are now very full and exact, being doubtless the result of the experience derived from repeated and careful demonstrations in the lecture room.

Important matters not generally discussed in works of this kind, are embraced in the appendix, being full and complete directions for the preservation and injection of subjects, and in regard to anatomical preparations in general. This very useful chapter is also from the pen of the American editor.

The volume occupies from five to six hundred pages, and is a beautiful specimen of typographical execution. R. J. D.